

Attachment V 1 Medical and Utilization Services Liquidated Damages

Ref	Liquidated Damages Description	MIN Threshold %	Liquidated Damages Amount	Performance Standard
3.9.1	The medical provider shall develop and maintain a comprehensive competency based orientation program for new staff.	100%	\$500 for each employee that has not completed a documented orientation.	An occurrence represents any staff that does not receive a pre-service orientation. The orientation shall include a review of the Policies and Procedures manual of the Agency, the Policies and Procedures manual of the Provider, how to access those manuals, EMR training (see section 3.64), basics of working in a prison setting and a review of the limits of the scope of responsibility based on competency.
3.11	Contractor provides On-call Physician coverage	100%	\$500 per incident that on call list is not updated or posted as required	An occurrence is each time an on call list is not updated or posted as required in the infirmary, dispensary and sick call areas.
3.11	Contractor provides Emergency Care	95%	\$500 per incident that emergency care is not adequately provided	An occurrence is each individual 911 event that does not follow the first aid and emergency procedures related to emergency triage to a community based hospital or infirmary as referenced in RFP sections 3.11 and 3.29.
3.12	Contractor maintains Credential Files	100%	\$100 for each missing credentialing information item required for each employee past or present	An occurrence is for each missing credentialing information item required for each employee past or present not submitted to the agency in the form and format as required by the agency as referenced in RFP sections 3.12.3 and 3.12.4.
3.17.5	Contractor provides Equipment Inventory Reporting as required	100%	\$100 per day annual inventory report is past due date +\$25 for each equipment item not affixed with state tag number.	An occurrence is each day past the Annual Inventory Report due date + each equipment item without a state tag number as referenced in RFP sections 3.17.5.

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3.20	Each inmate admitted to the infirmary, shall only be admitted upon physician order which may be performed telephonically.	100%	\$100 for each admission without a documented order.	An occurrence is when any inmate admitted to the infirmary that does not have an admission order as referenced in the RFP section 3.20.3.
3.20	Each inmate in the infirmary shall receive immediately upon admission an assessment which shall include a history and physical, and treatment plan.	100%	\$250 for each history and physical on admission not documented in EMR.	An occurrence is any admission history and physical not documented in EMR within 24 hours as referenced in the RFP section 3.20.3.
3.20	Infirmary and isolation unit rounds shall be made daily by the health care provider and documented in the EMR. Nursing rounds shall be performed per shift and evidence of such shall be documented in the EMR.	100%	\$50 for each element not completed.	An occurrence is any time daily rounds or shift rounds are not conducted and documented as referenced in RFP section 3.20.3.
3.22.11.1	Contractor provides an intake screening shall be conducted utilizing the IMMS form as above upon an inmate initiating custody within any DPSCS institution.	100%	\$50 for each missed element.	An occurrence represents any documented missing component of the receiving process as referenced in RFP 3.22.
3.23	The Provider shall conduct a complete medical health examination on all inmates, including parole violators and escapees upon reception. The Provider shall provide medical intake evaluations every day.	100% of eligible arrestees	\$50 for each component of the medical health exam not completed.	Any occurrence represents any failure to perform in component as referenced in RFP section 3.23.
3.23.2.3	The Provider shall initiate either blood or oral testing (with blood confirmation) for HIV no later than at the time of the intake physical with the counseling and education required by law.	100%	\$50 per occurrence.	An occurrence is any detainee/inmate that does not have documentation of HIV testing being offered within the timeframe as referenced in RFP section 3.23.2.3.

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3.24	The Medical Provider shall, in accordance with the schedule set forth in the Agency Manual of Policies and Procedures, each inmate shall receive physical re-evaluations during his or her period of incarceration. An inmate shall be re-informed of his or her opportunity for HIV testing at every physical re-examination.	95%	\$50 for each exam not completed according to schedule.	An occurrence is any physical re-exams not completed on inmates once every 4 years; or if over 50 years of age once per year.
3.24.4	An inmate shall be tested for TB annually whether or not scheduled for physical re-examination.	100%	\$50 per annual PPD not provided to patient as required.	Annual PPDs must be completed on all inmates and detainees as required.
3.25.5.3	Each sick call clinic shall continue operation on that day until it is completed, i.e. when each inmate scheduled to be seen during that sick call clinic and who shows up for the appointment has been seen, regardless of whether the clinic remains open beyond the seven hour period. There shall be no	100%	\$ 500 per scheduled sick call, not held + \$25 per patient that is not seen in daily sick call.	An occurrence is when same day referrals from triage (emergent complaints) not seen during a clinic session on the same day that the inmate appears for services as referenced in RFP section 3.25.5.3.
3.26	Contractor maintains Medication Administration Record	100%	\$200 for each MAR that is not completed as required	An occurrence is an individual dose not received; or an individual MAR not completed as referenced in RFP section 3.26.1 (#8 and 9).
3.26	Contractor maintains Medication Security	100%	\$100 for each occurrence of medication not secured appropriately.	An occurrence is any incidence of non compliance with the following: All narcotics shall be secured in double locked area; the narcotics log shall be updated for each dose administered as referenced in the RFP section 3.26.1 (#12).
3.26.1	Contractor performs scanning of all medical medications ordered and shipped	100%	\$100 for each order and shipment not scanned as required	An occurrence is each medical medication order and shipment not scanned as required as referenced in RFP sections 3.26.1 (#3,4).

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3.27	The Medical Provider shall operate a comprehensive chronic care program that ensures that conditions requiring chronic care are appropriately diagnosed, treated, and controlled to prevent and minimize de-compensation and/or complications of the diseases. Somatic health Chronic Care Clinics and individualized treatment plans developed through periodic outpatient evaluations minimize acute hospital care services and prevent misuse of primary care services.	95%	\$250 for each element per audited patient record that was not provided in accordance with the OIHS Clinical Care Manuals	An occurrence is where a chronic care patients do not receive a chart review by a registered nurse or midlevel provider every month and will be seen by a provider every ninety days at a minimum, and at more frequent intervals when clinically indicated as referenced RFP section 3.27.3.
3.36	The Medical Provider shall make available timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care for pregnant inmates	95%	\$250 per element not performed a required in the OIHS Pregnancy Management Manual	An occurrence not in compliance with RFP section 3.36.
3.38.1.1	The transfer form designated by the Agency and contained within the EMR, shall be completed by the Medical Provider within twelve (12) hours of having been notified of transfer or release.	80%	\$250 for each medical transfer assessment form not submitted in accordance with requirement	An occurrence represents an incomplete or absent transfer assessment form in EMR as referenced in 3.38.1.1.
3.38.4 3.38.5	Responsibilities of the discharge planner shall be consistent with sections 3.38.4 - 3.38.5.	100%	\$250 for each breach in the discharge planning process	An occurrence represents an breach in any of the components listed in 3.38.4 (1-8) and 3.38.5.

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3.46	The Medical Provider shall operate a comprehensive infection control program that ensures that communicable diseases are appropriately diagnosed, treated, and controlled to prevent and minimize infectious disease outbreaks.	90%	\$50 for each failure to document diagnosis/treat an infectious disease	An occurrence represents any failure to document the diagnosis of an Infectious Disease as well as the treatment as required in the EMR as referenced in RFP section 3.64.3 (#10).
3.47	Contractor addresses Administrative Remedy Procedures (ARPs) & ARP Appeals timely & completely	100%	\$50 for each ARP that is not completed by due date + \$25 per day each ARP is past the due date.	An occurrence is each ARP not submitted by the due date + \$25 per day each ARP is past the due date as referenced in RFP sections 3.47.
3.52	Contractor Participation in Agency Programs and Meetings as assigned	80%	\$50 per meeting that required appropriate representation not present as required by the Agency.	An occurrence is any instance where the required attendance of a contractor does not comport with RFP section 3.52.
3.54	Contractor performs Safety & Sanitation inspections	95%	\$1,000 per each inspection not performed and reported as scheduled and required.	An occurrence is any report not consistently received as referenced in the RFP section 3.54.
3.56	Contractor performs Morbidity and Mortality reviews of adverse patient outcomes	100%	\$250 for each M&M not performed within time frame	An occurrence when the Morbidity & Mortality (M&M) is not completed within the 72 hours timeframe and/or the (M&M) report is not submitted to the agency within 10 business days as referenced in RFP section 3.56.

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3.57	The Medical Provider shall participate in a Statewide Pharmacy and Therapeutics (P&T) Committee, which shall be responsible for additions and deletions to the Agency's drug formulary, monitoring usage of pharmaceuticals including psychotropic medications and identifying prescribing patterns of practitioners.	80%	\$50 per meeting that required appropriate representation not present as required by the Agency.	An occurrence is non- attendance at P&T from the Medical Provider's Statewide Medical Director, Director of Nursing, Utilization Director (other staff if required by the agency, as appropriate) as referenceed in RFP section 3.57.1.3.
3.6	Contractor provides clinical staffing in accordance with submitted staffing matrix	96%	Rate calculated on hourly rate per clinical positions filled at less than 96% provider will have a deduction of the cost per hour to fill the position at 100% plus 10%.	An occurrence is total number of hours for each clinical (Physician, PA, NP, RN, LPN, Phlebotomists) position that does not meet the 96% minimum fill rate. Example: a facility staffing matrix requires 100 physician hours a month; when total number of hours provided is less than 96, the deduction amount will be the cost per hour to fill the position at 100% plus 10%, as referenced in RFP sections 3.6.
3.62	Contractor responsible to provide Methadone maintenance according to Federal & State mandates.	100%	\$1000 per incident that required Methadone licensure is not in place.	An occurrence is any incident whereby License is not maintained as current and available for inspection. All inmates received on methadone shall be maintained on Methadone in the Methadone Program.
3.62.1	The Medical Provider shall maintain the methadone program currently in place at any approved DPSCS facility for: (1) Utilization in the detoxification / withdrawal of any inmate experiencing withdrawal from opiates where prescribed by a physician; or (2) Maintenance on methadone of inmates arrested at a time where the inmate is enrolled and participating in a bona fide methadone program in the community.	100%	\$250 for each element of the Methadone program in non-compliance.	An occurrence is any incident that is not consistent with the RFP requirements in sections 3.62.1 - 3.62.5

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3.62.3	The Medical Provider shall obtain and/or maintain the necessary licenses and certifications required to be in compliance with Methadone pregnancy, maintenance, and/or detoxification programs in conformance with Federal regulations and regulations of the Maryland Department of Health and Mental Hygiene.	100%	\$1000 per incident that required Methadone licensure is not in place.	An occurrence is any incident whereby the license is found not to be current or available for inspection.
3.64	Contractor maintains a complete Patient Healthcare Record	100%	\$50 per occurrence	An occurrence is every instance the agency discovers failure to document properly in EPHR. Examples include, but not limited to labs, medications, x-rays, exams, 2nd care, sick call, chronic care, intakes, etc.)
3.65	The Medical Provider shall implement a system of utilization management and utilization review services without conflicting with its medical services or those of its subcontractors.	100%	\$125 for each occurrence	An occurrence represents any component of the Utilization services/manual that does not comport with the RFP sections 3.65.3.1 - 3.65.3.2.
3.66	The Contractor shall provide the Agency with monthly reports of Utilization Management/Third Party Administration activity, in a form and format approved by the Agency that shall assist the Agency in assessing cost effective performance.	100%	\$25 for each day beyond the due date for each report.	An occurrence represents any component that does not comport with RFP sections 3.66.1.1 - 3.66.2.
3.69	Contractor provides clinical reporting of services as referenced in the RFP.	100%	\$100 for each report that is late and \$25 per day until submitted.	An occurrence represents non-compliance with submission of an accurate report by the due date of the fifth business day of each month following the month being reported on as referenced in the RFP sections 3.69.1 - 3.69.8.
3.69.2	Contractor submits State Stats Reports	100%	\$1,000 each day past the State Stat reporting due date + each day past due date received but incomplete or inaccurate.	An occurrence is each day past the due date + each day past due date received but incomplete or inaccurate as referenced in RFP sections 3.69.2.

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3.69.5	Contractor provides Equipment Maintenance Database and Report as required	100%	\$25 for any element missing in the database and report	An occurrence is any element missing in the database and report as referenced in RFP sections 3.69.5 (#1-12).
3.69.2.1	Contractor submits MBE Reporting	100%	\$1,000 each day past the MBE reporting due date + each day past due date received but incomplete or inaccurate.	An occurrence is each day past the due date + each day past due date received but incomplete or inaccurate as referenced in RFP sections 3.69.2.1.